MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

(FOR USE WITH FORM PTO-875)

SERIAL NO. FILING DATE

10 593,535 9-19-06

APPLICANT(S)

	AS FILED		AFTER 1*AMENDMENT		AFTER 2 ** AMENDMENT			AS FILED		AFTER 1"AMENDMENT		AFTER 2 MAMENDMENT	
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